



Nunatsiavut Government – EDUCATION DIVISION

P.O. Box 116 Makkovik, NL A0P 1J0
Email: education@nunatsiavut.com
Website: www.Nunatsiavut.com

Telephone: (709) 923-2105
Toll Free: 1-877-923-2171
Fax: (709) 923-2347



Application Renewal Form

If you will be returning to the same institution, please complete Section A, if you will be returning to post-secondary education, but changing institutions or programs, please complete Section B.

Section A:

This is to certify that I, _____, _____,
Student Name Student Number
Will be continuing in the _____ program at the
Name of Program
_____ in _____.
Name of Institution City/Town

Please check all that apply:

☐ Winter (Jan-Apr) ☐ Spring (May-Aug) ☐ Intersession (May-Jun) ☐ Summer (Jul-Aug) ☐ Fall (Sept-Dec)

Start Date: _____ End Date: _____

Number of courses: _____

Will any of these courses be completed through Online/Distance/Distributed Learning? ☐ Yes ☐ No

Are you Full time or Part Time funded? ☐ Full time ☐ Part time

Is this semester a Work Term? ☐ Yes ☐ No Is this work term paid? ☐ Yes ☐ No

Section B:

This is to certify that I, _____, _____,
Student Name New Student Number
Will be attending the _____ program at the
Name of Program
_____ in _____.
Name of New Institution City/Town

Please check all that apply:

☐ Winter (Jan-Apr) ☐ Spring (May-Aug) ☐ Intersession (May-Jun) ☐ Summer (Jul-Aug) ☐ Fall (Sept-Dec)

Start Date: _____ End Date: _____

Number of courses: _____

Will any of these courses be completed through Online/Distance/Distributed Learning? ☐ Yes ☐ No

Are you Full time or Part Time funded? ☐ Full time ☐ Part time

Is this semester a Work Term? ☐ Yes ☐ No Is this work term paid? ☐ Yes ☐ No

I will ensure that the Nunatsiavut Government-Education Division receives a copy of my most recent transcript of marks and grade report as soon as it is available after each semester that I am a sponsored student.

Signature: _____ Date: _____

Verified by: _____ Date: _____

Notes:
